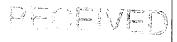
ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



WS-02672A Cloud Nine Water Company Inc. - Sewer 96 Bel Aire Pl., Ste 140 Sierra Vista, AZ 85635



ATT BEROOM

MZ CORP COMM Director Utilities

ANNUAL REPORT

FOR YEAR ENDING

12 31 2007

FOR COMMISSION USE

ANN05 07

4-7-08

COMPANY INFORMATION

Company Name (Business Name)			· · · · · · · · · · · · · · · · · · ·
Mailing Address 96 Set	AIRE PLACE, STE 140		
(Street) SIERRA VISTA	AZ	% <	635
(City)	(State)	(Z	
520-458 1311	53 0 4440		
Telephone No. (Include Area Code)	SQ. 0 - 453 4532 Fax No. (Include Area Code)	Cell No.	(Include Area Code
Email Addross	·		(
Email Address			<u></u>
Local Office Mailing Address	as above		
	(Street)		
(City)	(State)	(Zip))
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inc	clude Area Code)
1711 A 1 1			
MA	NAGEMENT INFORMATIO	<u>)N</u>	
MA	NAGEMENT INFORMATIO	DN Office Ma	npler
MA Management Contact:	NAGEMENT INFORMATIO	DN Office Ma	NALER tle)
MA	NAGEMENT INFORMATIO	DN Office Ma	NALER tle)
MA Management Contact: مع داء معد	NAGEMENT INFORMATIO	OFFICE MA	tle)
MA Management Contact: مع داء معد	NAGEMENT INFORMATIO	OFFICE MA	(Zip)
Management Contact: as clove (Street) Telephone No. (Include Area Code)	NAGEMENT INFORMATION EAN MITCHELL (Name) (City)	OFFICE Ma (Ti	(Zip)
Management Contact: as chove (Street) Telephone No. (Include Area Code) Email Address	NAGEMENT INFORMATION EAN MITCHELL (Name) (City) Fax No. (Include Area Code)	OFFICE Ma (Ti	(Zip)
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MA Management Contact: as choose (Street) Telephone No. (Include Area Code) Email Address On Site Manager: as abo	NAGEMENT INFORMATION EAN MITCHELL (Name) (City) Fax No. (Include Area Code)	OFFICE Ma (Ti	(Zip)
MA Management Contact: as choose (Street) Telephone No. (Include Area Code) Email Address On Site Manager: as abo	NAGEMENT INFORMATION EAN MITCHELL (Name) (City) Fax No. (Include Area Code)	OFFICE Ma (Ti (State) Cell No. (Incl (State)	(Zip) ude Area Code) (Zip)
Management Contact:as above (Street) Telephone No. (Include Area Code) Email Address On Site Manager: as above (Street)	NAGEMENT INFORMATION FAN MITCHELL (Name) (City) Fax No. (Include Area Code) (Name) (City)	OFFICE Ma (Ti (State) Cell No. (Incl (State)	(Zip) ude Area Code)

Statutory Agent: Eugene C	- GEISELER		
<u>. </u>	(Name)		
3040 E. SUNRISE DR, STE 200	TUCSON	A2	8571B
(Street)	(City)	(State)	(Zip)
520-792 1181	520-792-2859		
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (Includ	de Area Code)
Attornove			
Attorney: as above	(Name)		
	,		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Includ	le Area Code)
Email Address			
Please mark this box if the above add	ress(es) have changed or are	updated since the	e last filing.
OWN	ERSHIP INFORMATIO	<u>DN</u>	
Check the following box that applies to you	r company:		
Sole Proprietor (S)	C Corporation (C	C) (Other than As	sociation/Co-op)
Partnership (P)	Subchapter S Con	rporation (Z)	÷
Bankruptcy (B)	Association/Co-op	p (A)	
Receivership (R)	Limited Liability	Company	
Other (Describe)		- Promand of the second of the	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
<u>(</u>	COUNTIES SERVED		
Check the box below for the county/ies in w	which you are certificated to pr	ovide service:	
ДАРАСНЕ	∠ COCHISE	□ coc	ONINO
☐ GILA	☐ GRAHAM	GRE	ENLEE
☐ LA PAZ	☐ MARICOPA	□ мон	IAVE
□ NAVAJO	☐ PIMA	☐ PINA	T
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUM	A
☐ STATEWIDE			

(SEWER)

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	
No.	DECRIPTION	Cost	Depreciation	O.C.L.D.
		(OC)	(AD)	(OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	-	-	

This amount goes on the Balance Sheet Acct. No. 108 -

CALCULATION OF DEPRECIATION EXPENSE

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers - Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	_	_	

This amount goes on the Comparative Statement of Income and Expense Acct. 403 ___

CON	/PA	NY	NA	ME

CLOUD NINE WATER COMPANY, INC

(sewer)

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
110.	ASSETS	TEST YEAR	YEAR
	CURRENT AND ACCRUED ASSETS)
131	Cash	\$	\$
132	Special Deposits		
135	Temporary Cash Investments	70.70.1	
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS		
		\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	s –	\$ -

NOTE: Total Assets on this page should equal Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

Acct No.		BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
NO.	LIABILITIES	1ESI YEAR	YEAR
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)	Φ	Φ
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
211	TOTAL CURRENT LIABILITIES	\$	\$
	TOTAL CONCENT DIABILITIES	Ψ	Ψ
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
		· · · · · · · · · · · · · · · · · · ·	
	DEFERRED CREDITS		
252	Advances in Aid of Construction	\$	\$
253	Other Deferred Credits		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
			Ψ
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Other Paid in Capital		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	s –	s -
L	TOTAL LIADILITIES AND CATTAL	J)	Φ

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	\$	\$
522	Measured Revenues		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
536	Other Wastewater Revenues	7.1.1	
	TOTAL REVENUES	\$ 7,47)	\$ 7,413
	OPERATING EXPENSES		
701	Salaries and Wages	\$	\$
710	Purchased Wastewater Treatment		
711	Sludge Removal Expense		
715	Purchased Power		
716	Fuel for Power Production		
718	Chemicals		
720	Materials and Supplies		
731	Contractual Services – Professional		
735	Contractual Services – Testing		
736	Contractual Services - Other		
740	Rents		
750	Transportation Expense		1 The British of the Control of the
755	Insurance Expense		7,11,1
765	Regulatory Commission Expense		
775	Miscellaneous Expense		
403	Depreciation Expense		***************************************
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Taxes		
	TOTAL OPERATING EXPENSES	\$	\$
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses (1)	35,813	30,632
427	Interest Expense		
	TOTAL OTHER INCOME/EXPENSE	\$ 35,813	\$ 30,632
	NET INCOME/(LOSS)	\$ (28,336)	\$ (23,219)

(.) PAYMENTS TO UTY OF SIERRA VISTA

COMP	ANY	NA	ME
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CLOUD NINE WATER COMPANY, INC. (SEWER)

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.	1 247 240			
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	0	/ ₀	% %	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

COMPANY NAME	CLOUD NINE WATER COMPANY, INC	(SENER)
Name of System:	Wastewater Inventory Numb	er (if applicable):

$\underline{\mathbf{W}}_{A}$			Y PLANT DE	ESCRIPTION	
	<u>1.1</u>	KEA I VIEN I	FACILITY		
TYPE OF TREATMEN (Extended Aeration, Step Ditch, Aerobic Lagoon, A Trickling Filter, Septic Ta DESIGN CAPACITY O (Gallons Per Day)	Aeration, Oxida Anaerobic Lagoo ank, Wetland, Et	n,			
	Lì	FT STATION	FACILITIES		
Location		Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)
			,,,,		
		-			
		FORCE I	MAINS		
Size		Materi	al	Lei	igth (Feet)
4-inch					
6-inch					
					,
l	MANHOLE	ES		CLI	EANOUTS
Type		Quantity			Quantity
Standard					-
Drop					

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME		
	CLOUD NINE WATER COMPANY, INC (SEWER)	
Name of System:	Wastewater Inventory Number (if applicable):	

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

SERVICES

Size (in inches)	Material	Length (in feet)	Size (in inches)	Material	Quantity
4			4		Quantity
6			6		
8			8		
10			12		
12			15		
15					
18					
21					
24					
30					

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY PER WASTEWATER SYSTEM

SOLIDS PROCESSING AND HANDLING FACILITIES	
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	
STRUCTURES (Buildings, Fences, Etc.)	
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Ciao	NINE	WATER	COMPANY	INC	(SEWER)	
Name of System:						mber (if applicable):	

WASTEWATER FLOWS

NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY

$\frac{\text{PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE PER WASTEWATER}}{\underline{\text{SYSTEM}}}$

Method of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	
Groundwater Permit Number	
ADEQ Aquifer Protection Permit Number	
ADEQ Reuse Permit Number	
EPA NPDES Permit Number	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME CLOUD NINE WATER COMPANY, INC (SEWER) YEAR ENDING 12/31/2007

INCOME TAXES

For this reporting period, provide the following	g: (See CLOUD NINE WATER CONFANY, INC. ANNUAL
Federal Taxable Income Reported	Confany, INC ANNUAL
Estimated or Actual Federal Tax Liability	Report FILED WITH
State Taxable Income Reported	THE UTILITIES DIVISION)
Estimated or Actual State Tax Liability	
Amount of Grossed-Up Contributions/Advance	es:
Amount of Contributions/Advances	
Amount of Gross-Up Tax Collected	
Total Grossed-Up Contributions/Advances	
are due to any Payer or if any gross-up tax information by Payer: name and amount of co	apleted. Pursuant to this Decision, if gross-up tax refunds refunds have already been made, attach the following ontribution/advance, the amount of gross-up tax collected he date the Utility expects to make or has made the refund
The undersigned hereby certifies that the Utility in the prior year's annual report. This certific	y has refunded to Payers all gross-up tax refunds reported cation is to be signed by the President or Chief Executive al partner, if a partnership; the managing member, if a, if a sole proprietorship.
SIGNATURE Toward	DATE TO THE STATE OF THE STATE
NICHOLAS J. NOVASIC	PRESIDENT
PRINTED NAME	TITLE

COMPANY NAME CLOS NINE WATER COMPANY, INC (SELER) YEAR ENDING 12/31/2007

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2007 was: \$			
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for operty tax payments) of any and all property taxes paid during the calendar year.			
If no property taxes paid, explain why			
REMITTANCES TO CITY OF SIBLEA USTA ONLY.			

VERIFICATION AND SWORN STATEMENT Taxes

PECEIVED

APR 9 7 2008

2 CORP COMM Director Utilities

VERIFICATION			
STATE OF ALIZONA	COUNTY OF (COUNTY NAME)		
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) TITLE MICHOLAS T. NOVASIC, PRESIDENT COMPANY NAME		

CLOW NINE WATER COMPANY INC.

(sewer)

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

OF THE

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

	SIGNATURE OF OWNER OR OFFICIAL	vase
	520 - 458 TELEPHONE NUMBER	1311
SUBSCRIBED AND SWORN TO BEFORE ME	TELEFRONE NUMBER	
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME Leshise	
THIS DAY OF	MONTH APRIL	.20 <u>03</u>
COCHISE COUNTY MY COMMISSION OFFICIAL SEAL LOIS JEAN MITCHEL! NOTARY PUBLIC - STATE OF ARIZONA COCHISE COUNTY PIR MS Comm. Exolires November 30, 2009	Signature of notar	

NOU. 30 2009

VERIFICATION AND

SWORN STATEMENT Intrastate Revenues Only

DELLA	
-------	--

APP 9 1 2008

	Intrastate Revenues Only	4 JOHP COMM
VERIFICATION		
	COUNTY OF (COUNTY NAME)	— Director Utilities
STATE OF ARIZONA	COCHE	
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) TITLE	
	MICHOLAS I . NOTASIC, PRESIDEA	
	COMPANY NAME	
OF THE	CLOUD NINE WATER COMPANY, INC.	(SEWER)
		

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:</u>

	Arizona Intrastate Gross Operating Revenues Only (\$)	
	s 7,413	
	(THE AMOUNT IN BOX ABOVE INCLUDES \$ —	
	IN SALES TAXES BILLED, OR COLLECTED)	
**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL) SUBSCRIBED AND SWORN TO BEFORE ME	SIGNATURE OF OWNER OR OFFICIAL 520-458 [31] TELEPHONE NUMBER	
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	Cochise	
THIS LOUS DEAN MITCHELL NOTARY PUBLIC - STATE OF ARIZONA COCHISE COUNTY My Comm. Expires November 30, 2009	монт Сргі , 20 <u>08</u>	
(SEAL)	Kow Jean Mitchell SIGNATURE OF NOTARY PUBLIC	
MY COMMISSION EXPIRES Nov 30, 2009	_	

VERIFICATION AND SWORN STATEMENT

APR 0 7 2008

PECEIVED

RESIDENTIAL REVENUE

C. V. A : 5008

VERIFICATION

INTRASTATE REVENUES ONLY

AZ CORP COMM Director Utilities

STATE OF ARIZONA	COUNTY OF (COUNTY NAME)	
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) NICHOLAS 7. NOVASIC	PRESIDEM
OF THE	CLUS NINE WATER COMPANY INC	(senee)
	,	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2007 WAS:

S 7,413.	IN SALES TAXES BILLED, OR COLLECTED
*RESIDENTIAL REVENUE REPORTED ON THIS MUST INCLUDE SALES TAXES BILLED.	PAGE X Mui J. Morasco SIGNATURE OF OWNER OR OFFICIAL
	520-458 13 3 1
SUBSCRIBED AND SWORN TO BEFORE	REME NOTARY PUBLIC NAME LOS Jean Mitchell
A NOTARY PUBLIC IN AND FOR THE	E COUNTY OF COUNTY NAME
THIS 4th DA	AY OF MONTH april .2008
(SEAL) OFFICIAL LOIS JEEU NOTARY PUBLIC	The state of the s
MY COMMISSION NOTARY PUBLIC - S MY COMMISSION WY Comm. Exoires Notation in the control of the c	MATE OF ARIZONA